TREATMENT PROTOCOL: PEDIATRIC TACHYDYSRHYTHMIAS

- Basic airway 1.
- Pulse oximetry 2.
- Oxygen prn 3.
- Assist respirations with bag-valve-mask prn using "squeeze-release" technique 4.
- Cardiac monitor: 12-lead ECG; document rhythm and attach ECG strip if dysrhythmia 5.
- Supine position prn 6.

7. Venous access prn		
SINUS TACHYCARDIA	SVT (NARROW COMPLEX)	
Infants: heart rate less than	Infants: heart rate equal to or	V-TACH
220bpm	greater than 220bpm	Wide Complex
Children: heart rate less	Children: heart rate equal to or	
than 180bpm	greater than 180bpm	O. Door porfusion.
8. Adequate Perfusion:	8. Normal Saline fluid challenge	8. Poor perfusion:
monitor closely for	20ml/kg IV	Synchronized cardioversion 0.5-
potential deterioration Rapid transport	9. ESTABLISH BASE CONTACT	1J/kg 0 2
Poor perfusion:	(ALL) 10. Adenosine	(monophasic or biphasic)
Normal Saline fluid		9. If no conversion:
challenge	0.1mg/kg rapid IV push Poor perfusion:	Synchronized
20ml/kg IV	0.2mg/kg rapid IV push	cardioversion 2J/kg•
9. Continually reassess	Maximum first dose 6mg,	10. ESTABLISH BASE
respirations and	immediately follow with 10-	CONTACT (ALL)
pulses	20ml Normal Saline rapid IV	11. Consider sedation in the
10. ESTABLISH BASE	flush	awake patient prior to
CONTACT (ALL)	May be repeated one time if it	cardioversion:
,	does not delay	Midazolam
	cardioversion	0.1mg/kg IV push, titrate
	Contraindications: 2nd and 3rd	to sedation
	degree heart block; history of	0.1mg/kg IM or IN, if
	Sick Sinus Syndrome	unable to obtain venous
	See Color Code Drug	access
	Doses/L.A. County Kids	May repeat one time in
	11. Consider sedation in the	5min, maximum total
	awake patient prior to	pediatric dose 5mg all
	cardioversion:	routes
	Midazolam	Monitor airway
	0.1mg/kg IV push, titrate to	continuously after
	sedation	administration
	0.1mg/kg IM or IN, if unable to	12. If no conversion:
	obtain venous access	Synchronized
	May repeat one time in 5min,	cardioversion: 2J/kg•0
	maximum total pediatric dose	13. Continually reassess respirations and pulses
	5mg all routes Monitor airway continuously	respirations and pulses
	after administration	
	12. If no conversion:	
	Synchronized cardioversion:	
	0.5-1.0J/kg 0 2	
	13. If no conversion: synchronized	
	cardioversion 2J/kg•2	
	Cardioversion 25/kg	

13. Continually reassess

respirations and pulses

EFFECTIVE DATE: 7-1-11 REVISED: 09-01-13 **SUPERSEDES: 12-15-11**

SPECIAL CONSIDERATIONS

- If monitor does not discharge on "sync", turn off sync and defibrillate.
- For failure to convert or transient conversion to normal sinus rhythm, consider expedited transport.

PAGE 2 OF 2